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Official Form 22A (Chapter 7) (10/06)

William L. Beck
In re Josephine C. Beck

Debtor(s)

Case Number: **07-10586**

(If known)

VIII. Do not complete any of the remaining parts of this statement.

According	to	the	calculations	required	hv	this	stateme	nt
ACCOLUTING	ιυ	uie	calculations	required	υy	ums	Statemen	ıι

- ☐ The presumption arises.
- The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

Debtor declares under penalty of perjury that debts are primarily non-consumer; therefore, Means Test does not apply per § 707(b)(1).

Part I. EXCLUSION FOR DISABLED VETERANS

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part

'	3741	Veteran's Declaration. By checking this box, I (1)) whose indebtedness occurred primarily dur performing a homeland defense activity (as de	ing	a period in which I	was on active duty (
	Pai	rt II. CALCULATION OF MOI	NT	HLY INCOM	ME FOR § 70)7(b)(7) EXCLU	ISIC	NC
	Mari	tal/filing status. Check the box that applies a	nd c	omplete the balanc	e of this part of this	stater	nent as directed.		
	а. 🛭	Unmarried. Complete only Column A ("De	ebto	or's Income") for	Lines 3-11.				
2		Married, not filing jointly, with declaration of "My spouse and I are legally separated under a purpose of evading the requirements of § 707(b Lines 3-11.	pplic	able non-bankrupt	cy law or my spouse	and I	are living apart other	er tha	n for the
		Married, not filing jointly, without the declars ("Debtor's Income") and Column B ("Spou	ıse's	s Income") for Lir	nes 3-11.		·		
	d.			•			Spouse's Income") for	Lines 3-11.
		gures must reflect average monthly income rece dar months prior to filing the bankruptcy case,					Column A Column E		
	filing.	If the amount of monthly income varied durin h total by six, and enter the result on the appro	g th	e six months, you r		0	Debtor's Income		Spouse's Income
3	Gros	s wages, salary, tips, bonuses, overtime, c	omi	missions.			\$ 0.00	\$	0.00
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. Debtor Spouse					ro.			
	a.	Gross receipts	\$	Debtor 0.00		0.00			
	b.	Ordinary and necessary business expenses	\$	0.00		0.00			
	C.	Business income	Sul	otract Line b from L	ine a		\$ 0.00	\$	0.00
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse								
	a.	Gross receipts	\$	0.00	\$	0.00			
	b.	Ordinary and necessary operating expenses	\$	0.00	\$	0.00		I	

Subtract Line b from Line a

Rent and other real property income

0.00

0.00

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6	Interest, dividends, and royalties.	\$ 0.00	\$ 0.00
7	Pension and retirement income.	\$ 0.00	\$ 0.00
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include amounts paid by the debtor's spouse if Column B is completed.	\$ 0.00	\$ 0.00

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9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Unemployment compensation claimed to be a benefit under the Social Security Act Debto	- \$	0.00	Spouse \$	0.00	\$	0.00	\$ 0.00
10	Income from all other sources. If necessary, list include any benefits received under the Social Secuwar crime, crime against humanity, or as a victim of source and amount.	irity /	Act or payment	s received	as a victim of a			
	Total and enter on Line 10	\$	0.00	\$ 0.00				
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).					\$	0.00	\$ 0.00
12	Total Current Monthly I ncome for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.				\$		0.00	
	•							

Part III. APPLICATION OF § 707(b)(7) EXCLUSION							
Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.							
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: NV b. Enter debtor's household size: 2	\$	55,585.00				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The pres not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.							
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this	s state	ment.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)					
16	Enter the amount from Line 12.	\$				
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$				
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$				

	Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)						
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)						
19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$					
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$					

20B	of the availa Montl	al Standards: housing and utilities; mortgage/rent enter ent	your county and family size (this information is urt); enter on Line b the total of the Average					
200	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$					
	b.	Average Monthly Payment for any debts secured by your home,						
	C.	if any, as stated in Line 42 Net mortgage/rental expense	\$ Subtract Line b from Line a.					
	+			\$				
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							
	You a vehic Check	al Standards: transportation; vehicle operation/pub ire entitled to an expense allowance in this category regardless of le and regardless of whether you use public transportation. k the number of vehicles for which you pay the operating expenses ded as a contribution to your household expenses in Line 8.	whether you pay the expenses of operating a					
22)						
	numb	Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	Loca vehic than	\$						
23	Enter www. Paym Line 2							
	a.	a. IRS Transportation Standards, Ownership Costs, First Car \$						
	11.	Average Monthly Payment for any debts secured by Vehicle 1,	<u></u>					
	b. c.	as stated in Line 42 Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$				
	+	al Standards: transportation ownership/lease exper		\$				
	you c							
24	Enter www. Paym Line 2							
	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$					
	ll _b	Average Monthly Payment for any debts secured by Vehicle 2,	¢					
	b. c.	as stated in Line 42 Net ownership/lease expense for Vehicle 2	\$ Subtract Line b from Line a.	\$				
25	Othe feder	\$						
26	Othe deduc	\$						
27	term	er Necessary Expenses: life insurance. Enter average n life insurance for yourself. Do not include premiums for insura ny other form of insurance.		\$				

28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally				
30		the average monthly amount that you actually expend on reschool. Do not include other educational payments.	\$		
31		er the average monthly amount that you actually expend on nace or paid by a health savings account. Do not include ccounts listed in Line 34.	\$		
32	actually pay for telecommunication services other than y	ternet service - to the extent necessary for your health and	\$		
33	Total Expenses Allowed under IRS Standard	s. Enter the total of Lines 19 through 32.	¢.		
	i i		\$		
	·	Expense Deductions under § 707(b)			
	Note: Do not include any exp	penses that you have listed in Lines 19-32			
		Health Savings Account Expenses. List and total yourself, your spouse, or your dependents in the following			
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$			
		Total: Add Lines a, b and c	\$		
35	expenses that you will continue to pay for the reasonabl	ehold or family members. Enter the actual monthly e and necessary care and support of an elderly, chronically ill, ur immediate family who is unable to pay for such expenses.	\$		
36	Protection against family violence. Enter any maintain the safety of your family under the Family Viole law. The nature of these expenses is required to be kept	ence Prevention and Services Act or other applicable federal	\$		
37	for Housing and Utilities, that you actually expend for ho	mount, in excess of the allowance in the IRS Local Standards ome energy costs. You must provide your case trustee onal amount claimed is reasonable and necessary.	\$		
38	Education expenses for dependent children less than 18. Enter the average monthly expenses that				
39	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five				
40	Continued charitable contributions. Enter the cash or financial instruments to a charitable organization	amount that you will continue to contribute in the form of as defined in 26 U.S.C. § 170(c)(1)-(2).	\$		
41	Total Additional Expense Deductions under	§ 707(b). Enter the total of Lines 34 through 40	\$		
Reconstruction			•		

	Su	lbpart C: Deductions for I	Debt Payment				
42	Future payments on secured cl you own, list the name of the creditor, i Payment. The Average Monthly Paymen 60 months following the filing of the bar taxes and insurance required by the mo						
	Name of Creditor	Property Securing the Debt 60-month Average					
	a.		\$				
	<u> </u>			Total: Add Lines	\$		
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart If necessary, list additional entries on a separate page.						
	Name of Creditor	Property Securing the Debt	1/60th	n of the Cure Amount			
	a.		\$				
	 			Total: Add Lines	\$		
44	Payments on priority claims. Er alimony claims), divided by 60.	ter the total amount of all priority of	laims (including prio	rity child support and	\$		
	Chapter 13 administrative experion following chart, multiply the amount in I	enses. If you are eligible to file a cline a by the amount in line b, and e	ase under Chapter 1 nter the resulting ac	3, complete the Iministrative expense.			
	a. Projected average monthly Cha	pter 13 plan payment.	\$				
45	b. Current multiplier for your distrissued by the Executive Office finformation is available at						

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$				
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$				

	Initial presumption determination. Check the applicable box and proceed as directed.				
52	☐ The amount on Line 51 is less than \$6,000. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
	☐ The amount set forth on Line 51 is more than \$10,000. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	☐ The amount on Line 51 is at least \$6,000, but not more than \$10,000. Complete the remainder through 55).	r of Part VI (Lines 53			
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. 56 Expense Description Monthly Amount a. \$ b. c. c. \$ d. Figures should reflect your average monthly expense for each item. Total the should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). Wonthly Amount a. Total: Add Lines a, b, c, and d

Part VIII. VERIFICATION				
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)			
57	Date:	February 28, 2007	Signature:	/s/ William L. Beck William L. Beck (Debtor)
	Date:	February 28, 2007	Signature -	/s/ Josephine C. Beck Josephine C. Beck (Joint Debtor, if any)